

2013 SHBP Online Health Education Module Appeal Form

If you have been advised, or discover, that you or your covered Spouse, or both, did not complete the Online Health Education Module component of the 2013 SHBP Wellness Requirements by May 31, 2013, 4:30 p.m., ET, starting **July 1, 2013**, you may appeal that determination.

To file an appeal, you must complete the following steps for each person:

- 1) Log into your AHealthierSHBP.com account and verify that you completed at least one Online Health Education module between January 1, 2013, and May 31, 2013, 4:30 p.m., ET. (If you did not complete the Online Health Education module during this period, you did not meet the 2013 Wellness Requirement.)
- 2) Print a copy of the Online Health Education Module Confirmation Statement. To locate and print a copy of the Confirmation Statement:
 - a) Access your "mylearning dashboard" at AHealthierSHBP.com;
 - b) Select the "mylearning" link in the top right corner;
 - c) Enter your information as a returning visitor using the same information provided originally;
 - d) Print the completion code from your "mylearning dashboard."
- 3) Complete the Member/Covered Spouse Information section of the 2013 SHBP Online Health Education Module Appeal Form see below.
- 4) Fax a copy of the Online Health Education Module Confirmation Statement (per #2 above) and the completed 2013 SHBP Online Health Education Module Appeal Form (per #3 above) to 1-860-735-7125 by August 2, 2013. If you need assistance, please contact the customer service number on the back of your insurance ID card.

----- Member/Covered Spouse Information -----
For the form to be processed, member name and ID# must match what is listed on the Medical ID card.

SHBP Member Last Name: _____ First _____
DOB: ____/____/____

SHBP Member ID# (from Medical ID card): _____

Check one (as applicable): Employee/Retiree ☐ Spouse ☐

E-mail address you provided to log into www.ahealthiershbp.com:

Date Online Health Education Module Completed: ____/____/____
Confirmation Number: _____

Supporting documents listed above are required for EACH appealing enrollee.

**Appeals must be received at fax number 1-860-735-7125
no later than August 2, 2013.**



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

